

View Insurance Company

EXAMPLE, cont.

```
Insurance Company Editor      Nov 23, 1993 07:40:34      Page:      5 of      5
Insurance Company Information for: PRUDENTIAL
Type of Company: HEALTH INSURANCE      Currently Inactive
+
Remarks
  Yorkville location is not main address of company.

Synonyms
  PRUDENTIAL HEALTH

      Enter ?? for more actions
>>>
CC  Change Insurance Co.      EX  Exit
Select Action: Quit//  <RET>
```

Process Insurance Buffer



New Option



Action

Reject Entry Action

Accept Entry Action

Required Security Key

IB INSURANCE SUPERVISOR

IB INSURANCE SUPERVISOR

Adding new Insurance Companies requires the IB INSURANCE COMPANY ADD security key.

Introduction

This option is used to process and manage the Insurance Buffer through the use of the following screens and actions.

Insurance Buffer List Screen

This screen contains the list of all Insurance Buffer file entries that have not yet been processed by authorized insurance personnel.

Actions

Process Entry Action

Opens the Insurance Buffer Process screen for a selected buffer entry. The buffer entry can then be compared against existing insurance records, viewed, edited, rejected or accepted.

Reject Entry Action

Allows you to reject a selected buffer entry without any changes to the existing permanent insurance records. This also results in the buffer entries insurance and patient data being deleted, leaving a stub record in the Buffer file for tracking and reporting purposes. The permanent Insurance files are not modified by this action. If the patient has no active insurance then any bills on hold will be released.

Expand Entry Action

Opens the Insurance Buffer Entry screen for a selected buffer entry. This screen displays the complete buffer entry and allows the data to be edited.

Add Action

Allows you to create then edit a new Insurance Buffer entry.

Process Insurance Buffer

Sort List

Re-sorts the list of unprocessed buffer entries on the Insurance Buffer List screen by a selected data element.

Insurance Buffer Process Screen

This screen contains the information and actions needed to process a buffer entry. The screen display includes data to assist in matching the buffer entry with any existing insurance records. There are two versions of this screen, Patient (list is broken into 2 sections) and Insurance Company.

Accept Entry Action

Allows you to accept the buffer data and transfer the insurance information from the buffer entry into the permanent insurance records. New insurance records can be created, or existing Insurance records can be updated with the buffer data. The new/updated Insurance record is flagged as verified. The insurance and patient data is deleted from the buffer entry leaving only a stub record for tracking and reporting purposes. If a new policy is added for the patient, the on hold date of any patient bills is updated to the current date.

Reject Entry Action

Allows you to reject the buffer entry without any changes to the existing permanent insurance records. This also results in the buffer entries insurance and patient data being deleted, leaving a stub record in the Buffer file for tracking and reporting purposes. The permanent insurance files are not modified by this action. If the patient has no active insurance, any bills on hold are released.

Compare Entry Action

Displays the buffer entry and a user selected Insurance Policy side by side so they can be compared to determine if they match. It is also possible to edit the buffer entry data within this action. The display and editing is broken into 3 parts: Insurance Company data, Group/Plan data, and Patient Policy data.

Expand Entry Action

Opens the Insurance Buffer Entry screen for the buffer entry. It displays the complete buffer entry and allows the data to be edited.

Insurance Co/Patient Action

Toggles between the two versions of the Insurance Buffer Process screen: Patient or Insurance Company. If an Insurance Company is selected the Insurance Company version of the screen is displayed, if no company is selected the Patient version of the screen is displayed.

Process Insurance Buffer

Insurance Buffer Entry Screen

This screen displays all data defined for a buffer entry and allows that data to be edited.

Insurance Co Edit Action

Edits the Insurance Company specific data in the buffer entry.

Group/Plan Edit Action

Edits the Insurance Group/Plan specific data in the buffer entry.

Patient Policy Edit Action

Edits the Patient Policy specific data in the buffer entry.

All Edit Action

Edits all three types of data in the buffer entry: Insurance Company, Group/Plan, and Patient Policy.

Verify Entry Action

Option to flag the buffer entry as verified before it is accepted. If the buffer entry is later accepted, the person that uses this action is added as the verifier in the permanent insurance policy.

Process Insurance Buffer

Example**Insurance Buffer List Screen**

```

Insurance Buffer List          Nov 05, 1998 09:44:09          Page:    1 of    1
Buffer File entries not yet processed.  (sorted by Patient Name)
  Patient Name      Insurance Company  Subscr Id  Sourc  Entered  iIECH
1  DICKERSON,QUEEN  2343  GEHA      123      INTVW  10/09/98  I
2  *PATIENT,CAT A   6666  HARTFORD  006066666  INTVW  09/15/98  i  C
3  PATIENT,MARY     0111  BLUE CROSS/BLUE S  12345    INTVW  09/29/98  i
4  PATIENT,MARY     0111  GHI       PreRg    09/30/98  i
5  PATIENT,MARY     0111  HARTFORD  INTVW    09/30/98  i
6  *PATIENT,TEST G  0234  HARTFORD  716020234P  INTVW  09/16/98  C
7  PATIENT,TEST G  0234  HARTFORD  INTVW    09/16/98  C
8  RHOADES,RICHARD  6789  BLUE CROSS  123456789  INTVW  10/08/98  I
9  SKINNER,ALAN A   5678  NORTHEASTERN MUTU  555445678  INTVW  10/21/98  i
10 TEST,MAXINE      2256  BC/BS INSURANCE  507072256P  PreRg  09/15/98  i
11 *TEST,ROB        2163  HARTFORD  607072163P  IVM    09/15/98  I

```

```

          Enter ?? for more actions
Process Entry      EE  Expand Entry      Sort List
Reject Entry      Add Entry      X  Exit
Select Action: Quit//

```

Section 3 - Patient Insurance Menu

Process Insurance Buffer

Insurance Buffer Process Screen

Insurance Buffer Process Nov 05, 1998 11:01:21 Page: 1 of 1
PATIENT,CAT A 006-06-6666 DOB: JUN 2,1926 AGE: 72

HARTFORD (2222 SOUTH STREET, SAN DIEGO, CA)
-HARTFORD 000-CHAMPUS 006066666 PATIEN

Patient's Existing Insurance

	Insurance Company	Group #	Subscriber Id	Holder	Effective Expires
1	HARTFORD	000	000002233	SPOUSE	01/01/97
2	BC/BS OF ALBANY	415	006066666	PATIEN	

Any Group/Plan that may match Group Name or Group Number

	Insurance Company	Group Name	Group Number
3	HARTFORD	2222 South St CHAMPUS PRIM	000

Enter ?? for more actions

Accept Entry	Compare Entry	Insurance Co/Patient
Reject Entry	EE Expand Entry	X Exit

Select Action: Quit//

List Inactive Ins. Co. Covering Patients

INTRODUCTION The List Inactive Ins. Co. Covering Patients option is used to provide a listing of inactive insurance companies that are listed in the system as providing patient coverage.

Occasionally, an insurance company may be in the system twice under slightly different names (i.e., Blue Cross and Blue Cross of New York) when in fact they are the same company. Once the correct name is established, it would be necessary to inactivate the incorrect name and "repoint" those patients to the correct name. This option provides the number of patients which should be repointed to another company.

Information provided on the output includes insurance company name and address and the number of patients the system shows as having coverage by that company.

Due to the brevity of this option, a process chart has not been provided.

MCCR SITE PARAMETER ENTER/EDIT - Allows you to define and edit the MCCR site specific billing parameters.

UPDATE RATE TYPE FILE - Used to add new entries to the RATE TYPE file or to edit existing entries.

MCCR SITE PARAMETER DISPLAY/EDIT - Consolidates parameters from the Enter/Edit IB Site Parameter, MCCR Site Parameter Enter/Edit, Claims Tracking Parameter Edit, and Enter/Edit Automated Billing Parameters options into one option.

THIRD PARTY JOINT INQUIRY - Provides information needed to answer questions from insurance carriers regarding specific bills or episodes of care.

THIRD PARTY BILLING MENU - Option overviews are located under Section 1, Billing Clerk's Menu.

UNBILLED AMOUNTS MENU

RE-GENERATE AVERAGE BILL AMOUNTS - Used to rebuild and store the monthly and yearly counts and dollar amounts of inpatient and outpatient bills for a single month.

RE-GENERATE UNBILLED AMOUNTS REPORT - Used to regenerate the Unbilled Amounts Report for a single month.

SEND TEST UNBILLED AMOUNTS BULLETIN - Allows you to send a test mail message to the mail group receiving the unbilled amounts messages.

VIEW UNBILLED AMOUNTS - Used to view previously computed unbilled amounts without having to re-compile the data.

Insurance Buffer Activity



New Option

Introduction

This report provides a summary of the activity within the Insurance Buffer for a specified date range. Counts, percentages, and average processing times are included for both processed and unprocessed entries. The report can be printed with totals only or by month within the selected date range.

Example

INSURANCE BUFFER ACTIVITY REPORT

This report contains the counts and time statistics for all activity in the Insurance Buffer.

Beginning Date: (4/17/98 - 11/5/98): Apr 17, 1998// <RET> (APR 17, 1998)
Ending Date: (4/17/98 - 11/5/98): Nov 05, 1998// <RET> (NOV 05, 1998)

Report By Month? No// <RET> NO

OUTPUT DEVICE: HOME// <RET> LAT RIGHT MARGIN: 80// <RET>

INSURANCE BUFFER ACTIVITY REPORT Apr 17, 1998 - Nov 05, 1998 11/5/98 11:06 PAGE 1

TOTALS

STATUS	COUNT	PERCENT	AVERAGE # DAYS	LONGEST # DAYS	SHORTEST # DAYS
ENTERED	24	58.5%	39.0	146.0	0.0
VERIFIED	4	9.8%	26.7	105.0	0.0
ACCEPTED (&V)	5	12.2%	22.6	108.9	0.2
REJECTED	7	17.1%	62.6	146.0	3.0
REJECTED (V)	1	2.4%	4.8	4.8	4.8
NOT PROCESSED	28	68.3%	37.3	146.0	0.0
PROCESSED	13	31.7%	42.8	146.0	0.2
TOTAL	41	100.0%	39.0	146.0	0.0

0 New Companies (0%), 0 New Group/Plans (0%), 1 New Patient Policy (20%)

Management Reports (Billing) Menu

Most Commonly used Outpatient CPT Codes

EXAMPLE

The following example shows what may appear on your screen while using this option followed by a sample output. User responses are shown in boldface type.

CLINIC CPT USAGE REPORT

Select one of the following:

C CLINIC
P PROCEDURE
D PROCEDURE WITH EXTENDED DESCRIPTION

Sort report by: **D** PROCEDURE WITH EXTENDED DESCRIPTION

Start with DATE: **1/1/91** (JAN 01, 1991)

Go to DATE: **1/1/92** (JAN 01, 1992)

Select division: ALL// **<RET>**

Select clinic: ALL// **<RET>**

This report requires 132 columns.

OUTPUT DEVICE: HOME// **A137** HP LASER RIGHT MARGIN: 132// **<RET>**

```
CLINIC CPT USAGE FOR JAN 1,1991 - JAN 1,1992                                APR 16, 1992  11:22  PAGE 1

ALL DIVISIONS AND CLINICS
AMBULATORY PROCEDURE                                COUNT  #BILLED  OPC STATUS                                CHARGE
-----
10121  REMOVE FOREIGN BODY                                38      38  NATIONALLY ACTIVE                                256.50
      INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;
      COMPLICATED

11000  SURGICAL CLEANSING OF SKIN                                56                                NATIONALLY ACTIVE
      DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF
      BODY SURFACE

13152  REPAIR OF WOUND OR LESION                                89      34  NATIONALLY ACTIVE                                394.20
      REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM

24925  AMPUTATION FOLLOW-UP SURGERY                                29                                NATIONALLY ACTIVE
      AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION

40654  REPAIR LIP                                1        1  NATIONALLY ACTIVE                                394.20
      REPAIR LIP, FULL THICKNESS; OVER ONE HALF VERTICAL HEIGHT, OR
      COMPLEX

65235  REMOVE FOREIGN BODY FROM EYE                                18      15  INACTIVE                                343.80
      REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS

66820  INCISION, SECONDARY CATARACT                                36                                NATIONALLY ACTIVE
      DISCUSSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR
      LENS CAPSULE AND/OR ANTERIOR HYALOID; STAB INCISION TECHNIQUE
      (ZIEGLER OR WHEELER KNIFE)

85102  BONE MARROW BIOPSY                                12                                NATIONALLY ACTIVE
      BONE MARROW BIOPSY, NEEDLE OR TROCAR;
```

Insurance Buffer Employee



New Option

Introduction

This report provides a summary of entries and actions in the Insurance Buffer by employee for a specified date range. It can be printed for those employees who create buffer entries (primarily non-insurance personnel) or for those employees who verify and process (accept/reject) buffer entries (primarily insurance personnel). The report can also be printed for one specific employee or all employees. Counts, percentages, and average processing times are included and can be printed with totals only or by month.

Example

Select one of the following:

- 1 Entered By
- 2 Verified/Processed By

Include which Type of Employee: 2 Verified/Processed By

INSURANCE BUFFER INSURANCE EMPLOYEE REPORT

This report produces counts and time statistics for Insurance Employees that have either Verified or Processed (Accept/Reject) an Insurance Buffer entry.

Select one of the following:

- A All Employees
- S Selected Employee

Include Selected or All Employees: All// <RET> Employees

Beginning Date: (4/17/98 - 11/5/98): Apr 17, 1998// <RET> (APR 17, 1998)

Ending Date: (4/17/98 - 11/5/98): Nov 05, 1998// <RET> (NOV 05, 1998)

Report By Month? No// <RET> NO

OUTPUT DEVICE: HOME// <RET> LAT RIGHT MARGIN: 80// <RET>

Insurance Buffer Employee

INSURANCE BUFFER EMPLOYEE REPORT Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 1

GIGLIA, ELLEN TOTALS

STATUS	COUNT	PERCENT	AVERAGE # DAYS	LONGEST # DAYS	SHORTEST # DAYS
ACCEPTED (&V)	1	12.5%	0.2	0.2	0.2
REJECTED	6	75.0%	72.5	146.0	21.7
REJECTED (V)	1	12.5%	4.8	4.8	4.8
TOTAL	8	100.0%	55.0	146.0	0.2

0 New Companies (0%), 0 New Group/Plans (0%), 1 New Patient Policy (100%)

Enter RETURN to continue or '^' to exit:

INSURANCE BUFFER EMPLOYEE REPORT Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 2

HARPER, A TOTALS

STATUS	COUNT	PERCENT	AVERAGE # DAYS	LONGEST # DAYS	SHORTEST # DAYS
VERIFIED	1	20.0%	105.0	105.0	105.0
ACCEPTED (&V)	3	60.0%	37.3	108.9	1.0
REJECTED	1	20.0%	3.0	3.0	3.0
TOTAL	5	100.0%	44.0	108.9	1.0

0 New Companies (0%), 0 New Group/Plans (0%), 0 New Patient Policies (0%)

Enter RETURN to continue or '^' to exit:

INSURANCE BUFFER EMPLOYEE REPORT Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 3

GRAVES, CATHI TOTALS

STATUS	COUNT	PERCENT	AVERAGE # DAYS	LONGEST # DAYS	SHORTEST # DAYS
VERIFIED	3	75.0%	0.6	1.0	0.0
ACCEPTED (&V)	1	25.0%	0.8	0.8	0.8
TOTAL	4	100.0%	0.7	1.0	0.0

0 New Companies (0%), 0 New Group/Plans (0%), 0 New Patient Policies (0%)

Enter RETURN to continue or '^' to exit:

Section 4 - Billing Supervisor Menu

INSURANCE BUFFER EMPLOYEE REPORT Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 4

TOTALS

STATUS	COUNT	PERCENT	AVERAGE # DAYS	LONGEST # DAYS	SHORTEST # DAYS
VERIFIED	4	23.5%	26.7	105.0	0.0
ACCEPTED (&V)	5	29.4%	22.6	108.9	0.2
REJECTED	7	41.2%	62.6	146.0	3.0
REJECTED (V)	1	5.9%	4.8	4.8	4.8
TOTAL	17	100.0%	39.0	146.0	0.0

0 New Companies (0%), 0 New Group/Plans (0%), 1 New Patient Policy (20%)

Enter RETURN to continue or '^' to exit:

Management Reports (Billing) Menu Clerk Productivity

INTRODUCTION The Clerk Productivity option allows you to print a report for bills entered, authorized, or printed within a selected date range. The report is sorted alphabetically by the clerk who first entered, authorized, or printed the bill.

You may print either a full or summary report. If you print a full report, you may select specific clerk(s) and rate type(s) you wish to include.

A summary report will list the clerk, rate type, and the count and dollar amount of bills entered for each rate type for each clerk. A subtotal is provided for each clerk. The total amount for the report is also displayed.

The full report will list the clerk, rate type, date entered, current status, bill number, total charges, patient name, and patient ID for each bill included on the report. The full report should be printed at 132 column margin width.

Depending on the date range and other specifications you choose, this report could be quite lengthy. You may wish to queue the report to print during off hours.

The chart beginning on the following page shows the prompts and steps involved in using this option.

MCCR System Definition Menu
MCCR Site Parameter Enter/Edit

DATA SUPPLEMENT, cont.

UB-92 ADDRESS COLUMN

This is the column on which the mailing address should begin printing on the UB-92.

USE OP CPT SCREEN

YES or NO - Allow Current Procedural Terminology Codes Screen to appear when editing procedure codes on Screen 5. The screen will list CPT codes for the dates associated with the bill.

Purge Insurance Buffer



New Option

Introduction

When a Buffer entry is processed, most of the data is immediately deleted from that entry leaving only a stub entry for tracking and reporting purposes. This option deletes Insurance Buffer entries that were processed (accepted or rejected) before the selected date. A minimum of 1 year of buffer processed records is maintained on line; therefore, the latest selectable date is one year prior to the current date.

Example

INSURANCE BUFFER PURGE

This option will purge Buffer file records Processed before a given date.

When a Buffer record is Processed a stub entry remains in the Buffer file for tracking and reporting purposes. This option deletes all stub entries of Buffer records processed at least a year ago. Once a record is purged, it can not be retrieved and will no longer be included in Buffer reports. To maintain a record of the Buffer activity, consider printing the Buffer reports for the date range you are going to be purging.

Purge Buffer Records Processed Before: Nov 05, 1997// **6/1/97** (JUN 01, 1997)

Ok to Purge Buffer records Processed before Jun 01, 1997? **y** YES

Purge of Insurance Buffer queued for this evening at 8:00pm.

Option Overview

PATIENT INSURANCE INFO VIEW/EDIT - Used to look at a patient's insurance information and edit that data, if necessary.

VIEW PATIENT INSURANCE - Used to look at a patient's insurance information.

INSURANCE COMPANY ENTRY/EDIT - Used to enter new insurance companies into the INSURANCE COMPANY file and edit data on existing companies.

VIEW INSURANCE COMPANY - Used to look at data related to a selected insurance company.

PROCESS INSURANCE BUFFER - Used to display screens and processing actions for the Insurance Buffer.

LIST INACTIVE INS. CO. COVERING PATIENTS - Provides a listing of inactive insurance companies that are listed in the system as providing coverage.

LIST PLANS BY INSURANCE COMPANY - Produces a list of insurance plans offered by one or more insurance companies. May also be used to provide a list of subscribers for one or more insurance plans at one or more insurance companies.

LIST NEW NOT VERIFIED POLICIES - Produces a list, by patient, of new insurance entries that have not been verified.

Patient Insurance Info View/Edit



A message will appear in the header of the Patient Insurance Management screen if the selected patient has insurance buffer entries that have not been processed.

Introduction

The Patient Insurance Info View/Edit option is used to look at a patient's insurance information and edit that data, if necessary. The system groups information that is specific to the insurance company, specific to the patient, specific to the group plan, specific to the annual benefits available, and the annual benefits already used. Inactive policies will be listed as long as the patient has not been repointed from that inactive policy to an active policy.

About the Screens...

In the top left corner of each screen is the screen title. On some screens, the following line is a description of the information displayed. A plus sign (+) at the bottom of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right of the screen. Available actions are displayed below the screen. <??> entered at any "Select Action" prompt displays all available actions for that screen.

You may QUIT from any screen which will bring you back one level or screen. EXIT is also available on most screens. When EXIT is entered, you are asked if you wish to "Exit option entirely?". A YES response returns you to the menu. A NO response has the same result as the QUIT action. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

Patient Insurance Info View/Edit

Example

Select PATIENT NAME: **DUMONT,ROLAND** 11-28-31 020248845 YES
SC VETERAN ..

Patient Insurance Management Nov 22, 1993 13:51:09 Page: 1 of 1

Insurance Management for Patient: DUMONT,ROLAND D8845

*** Patient has Insurance Buffer Records

	Insurance Co.	Type of Policy	Group	Holder	Effect.	Expires
1	RIGHA		1546	UNKNOWN		
2	PRUDENTIAL	SURGICAL EXPENS	123	SELF	04/01/93	

Enter ?? for more actions

>>>

AP Add Policy	EA Fast Edit All	CP Change Patient
VP Policy Edit/View	BU Benefits Used	WP Worksheet Print
DP Delete Policy	VC Verify Coverage	PC Print Insurance Cov.
AB Annual Benefits	RI Personal Riders	EX Exit

Select Item(s): Quit// **VP=2** Policy Edit/View

Patient Policy Information Nov 22, 1993 13:51:39 Page: 1 of 3

Expanded Policy Information for: DUMONT,ROLAND

013-92-8845

PRUDENTIAL Insurance Company

** Plan Currently Active **

Plan Information

Insurance Company

Is Group Plan: YES

Company: PRUDENTIAL

Group Name: PACKERS

Street: 123 MAIN STREET

Group Number: 123

City/State: YORKVILLE, NY 33343

Type of Plan: SURGICAL EXPENSE INSURANCE

Plan Filing TF: 1 year

Utilization Review Info

Effective Dates & Source

Require UR: YES

Effective Date: 04/01/93

Require Amb Cert: YES

Expiration Date:

Require Pre-Cert: YES

Source of Info:

Exclude Pre-Cond: NO

Policy Not Billable:

+ Enter ?? for more actions

PI Change Plan Info	IC Insur. Contact Inf.	CP Change Policy Plan
UI UR Info	EM Employer Info	VC Verify Coverage
ED Effective Dates	CV Add/Edit Coverage	AB Annual Benefits
SU Subscriber Update	AC Add Comment	BU Benefits Used
IP Inactivate Plan	EA Fast Edit All	EX Exit

Select Item(s): Quit// **AB=2** Annual Benefits

Section 3 - Patient Insurance Menu

Patient Insurance Info View/Edit

Example, cont.

Current benefit years on file:

1. 12/01/93

BENEFIT YEAR BEGINNING ON: 12/01/93// <RET> DEC 1, 1993

Annual Benefits Editor Nov 22, 1993 14:17:36 Page: 1 of 4

Annual Benefits for: PRUDENTIAL Ins. Co

Policy: 123

Ben Yr: DEC 1, 1992

Policy Information

Max. Out of Pocket: \$ 300

Ambulance Coverage (%): 80%

Inpatient

Annual Deductible: \$ 200	Drug/Alcohol Lifet. Max: \$ 8888
Per Admis. Deductible: \$ 40	Drug/Alcohol Annual Max: \$ 888
Inpt. Lifetime Max: \$ 9999	Nursing Home (%): 80%
Inpt. Annual Max: \$ 999	Other Inpt. Charges (%): 80%
Room & Board (%): 80%	

+ Enter ?? for more actions

>>>

PI Policy Info	HH Home Health	EA Edit All
IP Inpatient	HS Hospice	CY Change Year
OP Outpatient	RH Rehab	EX Exit
MH Mental Health	IV IV Mgmt.	

Select Action: Next Screen// **OP** Outpatient

ANNUAL DEDUCTIBLE (OPT): 200// **225**
PER VISIT DEDUCTIBLE: 25// <RET>
OUTPATIENT LIFETIME MAXIMUM: 9999// <RET>
OUTPATIENT ANNUAL MAXIMUM: 666// <RET>
OUTPATIENT VISIT (%): 80// <RET>
OUTPATIENT VISITS PER YEAR: 32// <RET>
OUTPATIENT SURGERY (%): 80// <RET>
EMERGENCY OUTPATIENT (%): 80// <RET>
PRESCRIPTION (%): 40// <RET>
ADULT DAY HEALTH CARE: **0** NO
DENTAL COVERAGE TYPE: PER VISIT AMOUNT// <RET>
DENTAL COVERAGE \$ OR %: 80// <RET>.....

CANCEL BILL - Allows the user to cancel a bill at any point in the billing process.

COPY AND CANCEL - Used to cancel a bill, copy all the information into a new bill, and edit the new bill where necessary.

COPY FOR SECONDARY/TERTIARY BILL - Used to create Secondary and Tertiary bills.

DELETE AUTO BILLER RESULTS - Used to delete entries from the Automated Biller Errors/Comments report prior to a user-selected date for any entry not associated with a bill.

PRINT BILL - Used to print third party bills on the appropriate form (UB-82, UB-92, or HCFA-1500) after all required information has been input and the billing record has been authorized.

PATIENT BILLING INQUIRY - Allows you to display/print information on any reimbursable insurance bill, pharmacy copay, or Means Test bill.

PRINT AUTO BILLER RESULTS - Used to print the Automated Biller Errors/Comments report.

PRINT AUTHORIZED BILLS - Print all authorized bills by user-specified order.

RETURN BILL MENU

EDIT RETURNED BILL - Used to correct bills with a status of RETURNED FROM AR (NEW) which have been returned to MAS from Accounts Receivable.

RETURNED BILL LIST - Prints a list of all bills returned to MAS from Accounts Receivable.

RETURN BILL TO A/R - Used to send bills which have been returned to MAS back to Accounts Receivable after they have been corrected.

UB-82 TEST PATTERN PRINT - Used to print a test pattern on the UB-82 billing form so that the form alignment in the printer can be checked.

UB-92 TEST PATTERN PRINT - Used to print a test pattern on the UB-92 billing form so that the form alignment in the printer can be checked.

Section 1 - Billing Clerk's Menu

HCFA-1500 TEST PATTERN PRINT - Allows you to print a test pattern on the HCFA-1500 form in order for the form alignment in the printer to be checked.

OUTPATIENT VISIT DATE INQUIRY - Allows you to display information on any outpatient insurance bill for a selected patient.

Enter/Edit Billing Information



A message is displayed with the patient's insurance information, if the patient has insurance buffer entries that have not yet been processed. It is also displayed on Screen 3, Payer Information.



IB EDIT security key required to access this option.

Introduction

The Enter/Edit Billing Information option is used to enter the information required to generate a third party bill and to edit existing billing information. A new bill can be entered or an existing bill can be edited, as long as the existing bill has not been authorized or cancelled. Once a bill has been filed (billing record number established), it cannot be deleted. The bill can be cancelled through the Cancel Bill option.

If the selected patient's eligibility has not been verified and the ASK HINQ IN MCCR parameter is set to YES, the user will have the opportunity to enter a HINQ (Hospital Inquiry) request into the HINQ Suspense File. This request will be transmitted to the Veterans Benefits Administration to obtain the patient's eligibility information. If Means Test data such as category, Means Test last applied, and date Means Test completed is available, it will be displayed after the patient name or bill number has been entered.

When entering a new bill, the system will prompt for EVENT DATE. When billing for multiple outpatient visits, the date of the initial visit is used. For an inpatient bill, the date of the admission is used. If an interim bill is being issued, the EVENT DATE should be the date of admission for that episode of care.

Section 1 - Billing Clerk's Menu

Enter/Edit Billing Information

Introduction, cont.

SCREEN 8 - BILLING SPECIFIC INFORMATION

For UB-92 forms, this screen contains the bill remark, treatment authorization code, admitting diagnosis, attending and other physicians, and those locators on the billing form which are unlabeled (locator 49 is uneditable). The UB-82 form excludes specific fields for the admitting diagnosis and the physicians; however, they can be entered into the unlabeled form locators. For HCFA-1500 forms, this screen contains the unable to work from and to dates, Block 31 entry/edit, and treatment authorization code.

Several site parameters and two security keys affect the prompts which appear at the end of this option. Please see the Data Supplement at the end of this option documentation for an explanation of how these site parameters and security keys affect the option.

A mail group can be specified (through the site parameters) so that every time a bill is disapproved during the authorization phase of the billing process, all members of this group are notified via electronic mail. If this group is not specified, only the billing supervisor, the initiator of the billing record, and the user who disapproved the bill will be recipients of the message. An example of this message can be found in the Data Supplement.

The UB-82, UB-92, and HCFA-1500 billing forms are the output which can be produced from this option. The data elements and design of these forms has been determined by the National Uniform Billing Committee and has been adapted to meet the specific needs of the Department of Veterans Affairs. They must be generated (printed) at 80 characters per line at 10 pitch. Copies of the billing forms are included in the Print Bill option documentation.

The UB-82, UB-92, and HCFA-1500 billing forms are the output which may be produced from this option. The data elements and design of these forms has been determined by the National Uniform Billing Committee and has been adapted to meet the specific needs of the Department of Veterans Affairs. They must be generated (printed) at 80 characters per line at 10 pitch. Copies of the billing forms are included in the Print Bill option documentation.

Section 1 - Billing Clerk's Menu

Enter/Edit Billing Information

Example 1 - Inpatient Bill

Enter BILL NUMBER or PATIENT NAME: **JACKSON, SALLY** 02-09-60 208442336
YES SC VETERAN

*** WARNING ***
*** RESTRICTED RECORD ***
*** ELIGIBILITY NOT VERIFIED ***

Patient Requires a Means Test
Primary Means Test Required from ''

1	OCT 4,1996	K700020	REIM INS-Opt	ENTERED
2	OCT 3,1996	K700019	REIM INS-Opt	ENTERED
3	OCT 1,1996	K700016	REIM INS-Inpt	ENTERED
4	OCT 1,1996	K700017	REIM INS-Opt	ENTERED
5	OCT 1,1996	K700018	REIM INS-Opt	ENTERED

PRESS <RETURN> TO CONTINUE, OR
CHOOSE 1-5: ^

DO YOU WANT TO ESTABLISH A NEW BILLING RECORD FOR ' JACKSON,SALLY '? No// **y** (Yes)
BILLING LOCATION OF CARE: 1// **1** HOSPITAL (INCLUDES CLINIC) - INPT. OR OPT.

BILLING BILL CLASSIFICATION: **1** INPATIENT (MEDICARE PART A)

BILLING TIMEFRAME OF BILL: **1** ADMIT THRU DISCHARGE CLAIM

BILLING IS THIS A SENSITIVE RECORD?: NO// **NO** (NO)

BILLING RATE TYPE: **reimbursable** INS. Who's Responsible: INSURER

Select INPATIENT EVENT (ADMISSION) DATE:

1	JAN 23,1996@16:18:06	2	AUG 22,1994@13:09:55
3	AUG 16,1994@13:00	4	APR 2,1994@15:00
5	MAR 31,1994@12:00	6	JAN 21,1994@19:42:24
7	JAN 13,1994@22:22:30	8	NOV 15,1993@13:03:01
9	MAR 3,1993@13:00	10	JUL 5,1990@10:38

OR

Select NON-VA INPATIENT EVENT (ADMISSION) DATE:

11	DEC 17,1991	12	JUL 9,1994@09:00
13	JUL 25,1994	14	AUG 14,1994

CHOOSE 1-14 or Enter DATE: **1**

PTF record indicates 0 of 1 movements are for Service Connected Care.

Insurance Co.	Subscriber ID	Group	Holder	Effective	Expires	Only
NEW HEALTH	9999	Ind. Plan	SPOUSE	08/04/93	05/31/94	
BC/BS OF ALBANY	208442336		SELF	07/01/94		
ABC	SI333	HJKJ	SELF	11/12/94		

*** Patient has Insurance Buffer entries ***